Overpaid Tax/Tax Due		Total tax withheld (federal Form W-2, box 17 or CA Sch W-2, box 17 and/or Form 1099-R, box 10)	0,0
		23 Overpaid tax. If line 22 is more than line 21, subtract line 21 from line 22 ■ 23	00
		24 Tax due. If line 22 is less than line 21, subtract line 22 from line 21. See instructions, page 7	00
Use Tax			, -
		25 Use tax. This is not a total line. See instructions, page 8 25	0.0
Contribution		California Seniors Special Fund. See instructions, page 11	Amount
You Owe	27 AN line	OUNT YOU OWE. Add line 24, line 25, and line 26. If line 23 is less than line 25 and 26, enter the difference here. See instructions, page 9 (Do Not Send Cash). Mail to: ANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001	
Direct Deposit (Refund Only)	inst	FUND OR NO AMOUNT DUE. Subtract line 25 and line 26 from line 23. See ructions, page 10. Mail to: FRANCHISE TAX BOARD, PO BOX 942840, CRAMENTO CA 94240-0002	
		ne information to have your refund directly deposited to one or two separate accounts. attach a voided check or a deposit slip.	
	All or p	ortion of total refund (line 28) you want to direct deposit:	
	∟⊥⊥ • Routir	☐ Checking ☐ I Savings ☐ ☐ Savings ☐ ☐ ☐ Savings ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	29 Amount you want to direct deposit
	Remair	ing portion of total refund (line 28) you want to direct deposit:	
	-	☐ Checking	30 Amount you want to direct deposit
Under pena complete.	Ities of	perjury, I declare that, to the best of my knowledge and belief, the information on this return	is true, correct, and
Sign Here			
It is unlawful to forge a spouse's signature.	Yo	ur signature Spouse's signature (if filing jointly, both must sign) Daytime phone (number (optional)
Joint return?	$\frac{X}{Pa}$	X d preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) Paid P	reparer's SSN/PTIN
See instructions page 10.	, ra	o preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)	υραιτί ο ΟΟΙΝ/ΕΤΙΙΝ
	Fir	n's name (or yours if self-employed) Firm's address FEIN	

Your name _____ Your SSN or ITIN: _____

California Resident Income Tax Return 2006

540	Δ	C1	Side	1

Vall	IUTIIIA	ueziaelir i	iliculle lax i	neturii 2000)			OTOM	O I Side I
Your first	name		Initial Last name		,	Your SS	N or ITIN		Р
If joint ret	urn, spouse's	first name	Initial Last name		:	Spouse	s SSN or ITIN		AC
Present h	nome address	— number and street,	PO Box, rural route, or PMB	no.				Apt. no.	A
City town	or nost offic	ce (If you have a foreign	address (see page 7)		19	State	ZIP Code		, R
Oity, towi	i, or post onic	e (ii you have a loreigh	address, (see page 7)			Jiaic	Zii Gode		RP
_ e_	If you filed	Lyour 2005 tay raturn	under a different last nam	no write the last name o	nly from the 200	5 rotur	n		
Prior	Taxpaye	•	under a different last flair	Spous	•	Jietui		1 1 1 1	
<u>මූ 1</u>	Single			4 Head of h					
Status 3		d filing jointly. (see pao d filing separately. Ento	ge 3) er spouse's SSN or ITIN a'			depend	dent child. Ent	ter year spouse d	ied
6	If someor	ıe can claim you (or y	our spouse) as a depende	nt, fill in the circle here ((see page 7)		•	6 🔾	
7 Exemptions 9 10	Personal: I If you filled Blind: If yo Senior: If y Dependent	f you filled in 1, 3, or in the circle on line 6, u (or your spouse) are ou (or your spouse) a se. Enter name and rela	D: Multiply the amount you 4 above, enter 1 in the box, see page 7e visually impaired, enter 1; if the ationship. Do not include	x. If you filled in 2 or 5, 6	enter 2 in the box	(. •	7 X 8 X 9 X	\$91 = \$ \$91 = \$ \$91 = \$ \$285= \$	
11	Exemption	amount: Add line 7 th	nrough line 10. Transfer th	is amount to line 18			11	\$	
12	b Enter feeCaliforniaa State inc	deral adjusted gross in Income Adjustments. come tax refund	s) W-2, box 16 or CA Sch. ncome from your Forms 10 See pages 7 and 8 for line	040EZ, line 4; 1040A, lin e 13a through line 13f. 13a	e 21; or 1040, lin				
ust			d retirement						
Adj			t or dividend income						
ne									
COL			nuities. See page 8				40.		
ab L	g Total Ca	litornia income adjust	tments. Add line 13a throu	gn line 13f		•	13g	<u> </u>	
	Subtract lin	ie 13g from line 12b. ⁻	This is your California adju	usted gross income. (see	e page 8)	•	14 🛶		
ا ا ا ا	Enter the	Your California iten	nized deductions or stand	lard deduction		`			
	larger of:	shown below for yo							
		Single or Married	filing separately		\$3,410	}			
		Married filing join	ntly, Head of household, or	Qualifying widow(er)	\$6,820				
		If the circle on lin	e 6 is filled in, STOP. (see	page 13)		•	15		
16	Subtract lin	ne 15 from line 14. Thi	is is your taxable income .	If less than zero, enter	-0		16		
17	Tax See Ta	x Tahle					17	1 1 1 1	
18		credits. Enter the amo						<u> </u>	
STEGITS 18			3, see page 9		<u> </u>				
	Nonrefunda	able renter's credit. (se	ee page 10)	• 19					
			9 19				20		1
Lat.							-		
_			page 10)						
		,	our total tax. If less than z						
23	Add line 21	and line 22. This is ye	our total tax. If less than z	ero, enter -0		•	23		

Your	r name:		Your SSN	or ITIN:					
	25 California26 2006 Caliform FTB27 Excess SI	amount from Side 1, line 23 income tax withheld. (see pag fornia estimated tax and paym 3519 and amount applied fron DI. To see if you qualify, see pa	e 10)	■ 29	3		9		_10
c Due	Child and Dep Attach form F	Dendent Care Expenses Credit TB 3506.	. (see page 10.)						
lax/lax	• 28								
rpald	• 29								
0	■ 30 💶	1 1 1 1	■ 31						
	33 Overpaid34 Enter the35 Overpaid	ments and credits. Add line 25, tax. If line 32 is more than line amount of line 33 you want ap tax available this year. Subtrac f line 32 is less than line 24, su	24, subtract line 24 for plied to your 2007 est t line 34 from line 33 .	rom line 32 timated tax		33 ■ 34 ■ 35			
Tax Ex	37 Use Tax. 1	This is not a total line. (see pa	ge 11) ●	37	• 0 0 O				
Contributions	Alzheimer's Dis CA Fund for Se Rare and Enda State Children' of Child Abu CA Breast Can CA Firefighters	ecial Fund. (see page 59)	• 51 • 52 • 9gram. • 53 • 54 • 55 • 56	00 00 00 00 00 00	Emergency Food Assistance CA Peace Officer Memorial F CA Military Family Relief Fur Veterans' Quality of Life Fun CA Sexual Violence Victim S CA Colorectal Cancer Prever CA Sea Otter Fund	Foundation Fund	nd • 58 _ • 59 _ • 60 _ • 61 _ • 62 _		00 00 00 00 00 00 00 00
- (I)		50 through line 63. These are y YOU OWE. (see page 11) Do I		5		● 38			00
You Owe	Mail to: F	RANCHISE TAX BOARD, PO B Pay Online – Go to our W ment of estimated tax. If form	OX 942867, SACRAM Vebsite at www.ftb.ca	.gov		■ 39			
nsod		or NO AMOUNT DUE. (see pag RANCHISE TAX BOARD, PO B	'	ENTO CA 942	240-0002	■ 41			
nd and Direct De	All or portion	•	int to direct deposit: ng s		arate accounts. Do not attach a		ck or a deposi		
Ketul	• Routing num	rtion of total refund (line 41) y Checki Saving ber Type	ng			■43 A	mount you w	ant to dire	ct denosit
lt is ι forge	n Here unlawful to a a spouse's	Under penalties of perjury, I dec Your signature	lare that I have examined Spouse's	d this return an	d to the best of my knowledge and ling jointly, both must sign)	d belief, it is tr	•	l complete.	st doposit
Joint	ature. t return? page 12).	X Paid preparer's signature (declarat	X ion of preparer is based or	n all information	n of which preparer has any knowled	ge) Date	aid preparer's S	SN/PTIN	
(550	r~9v ' - /.	Firm's name (or yours if self-emplo	oyed)	Firm's add	ress	FI	EIN		

California Resident Income Tax Return 2006

540 C1 Side 1

vall	<u>IUIIIIA NESIUEI</u>	IL IIICUIIIE	Iax nclu	1111 2000			040 0	1 Slue I
Fiscal y	ear filers only: Enter month	of year end: month_	year 200)7.				
Your first	name	Initial Last na	me		Your SS	N or ITIN		Р
If joint re	turn, spouse's first name	Initial Last na	me		Spouse'	s SSN or ITIN		AC
Present I	nome address — number and s	treet, PO Box, rural rou	ıte, or PMB no.		Apt. no.		PBA Code	A
City, tow	n, or post office (If you have a fo	oreign address, (see pa	ige 13)		State	ZIP Code		, R RP
Prior	If you filed your 2005 tax r ● Taxpayer	eturn under a differe	·	•	n the 2005 return	n.		
Status 3	Married filing jointly. (se	/	5	Head of househol Qualifying widow full name here		, ,	,	ed
6	If someone can claim you	(or your spouse) as	a dependent, fill in	the circle here (see pag	je 7)	•	6 🔾	
7 8 8 9	For line 7, line 8, line 9, and I Personal: If you filled in 1, If you filled in the circle on I Blind: If you (or your spous Senior: If you (or your spous Dependents: Enter name ar	3, or 4 above, enter 1 line 6 do not enter an se) are visually impail use) are 65 or older, 6	I in the box. If you nount on line 7 red, enter 1; if both enter 1; if both, enter 1; if looth, enter 1; if both, enter 1; if both, enter 1; if both, enter 1; if both, enter tinclude yourself	filled in 2 or 5, enter 2		7 X 8 X • 9 X	\$91 = \$ \$91 = \$ \$91 = \$	
11	Exemption amount: Add lin	e 7 through line 10.					\$	
13 14 14 15 16 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	California adjustments – sul Subtract line 14 from line 1: California adjustments – add California adjusted gross in Enter the Your California Your California • Single or Ma • Married filin	s income from Forms btractions. Enter the 3. If less than zero, e ditions. Enter the amore. Combine line a itemized deduction a standard deduction arried filing separately g jointly, Head of hou line 6 is filled in, ST	anount from Scheinter the result in paount from Schedle 15 and line 16 as from Schedule Cashown below for your sehold, or Qualifyin OP. (see page 13)	OA, line 21; 1040EZ, lindule CA (540), line 37, arentheses (see page 13 e CA (540), line 37, columbrate CA (540), line 44; OR your filing status:	\$3,410 \$6,820		13 • 14 15 • 16 • 17	
× 21	(1 0 /	e amount from line 1 0. If less than zero, e e circle if from:	1. If your federal A0 nter -0 Schedule G-1	 Э FTB 5870A	43, see page 14.		21 22 	
Special Credits 26 27 28 28 29 30	Enter credit name To claim more than two cred Nonrefundable renter's cred	dits (see page 15) lit (see page 15) These are your total	code no		• 26			
31 32 33 34	Mental Health Services Tax Other taxes and credit recap	(see page 16) oture (see page 16) .			• 32 • 33		• 34	

Your name:	Your SSN or ITI	N:	
35 Total tax	from line 34, Side 1		35
	a income tax withheld (see page 16)		
	estimated tax and other payments (see page 16)		
	ate and other withholding, Forms 592-B, 593-B, and 594 (
39 Excess S	DI. To see if you qualify (see page 16)		
_	pendent Care Expenses Credit (see page 16). Attach form		
• 40			
4 2		■ 43	
	36, line 37, line 38, line 39, and line 43. These are your to		
		rai paymonto (oco pago 17)	
45 Overpaid	tax. If line 44 is more than line 35, subtract line 35 from li	ne 44	45
5 46 Amount o	f line 45 you want applied to your 2007 estimated tax		■ 46
2 × 47 Overpaid	tax available this year. Subtract line 46 from line 45		47
	f line 44 is less than line 35, subtract line 44 from line 35.		48
49 Use			00
⊃⊢ 49 Use	Tax. This is not a total line (see page 17)	49	<u> UU</u>
CA Capiera C	pecial Fund (see page 59)	00 Emergency Food Assistan	nce Program Fund • 57 00
Λ I=I= = : = !	pecial Fund (see page 59)		nce Program Fund • 57 00 al Foundation Fund • 58 00
07	Senior Citizens	O/ 17 Out O O O O O O O O O O O O O O O O O O	Fund • 59 00
Rare and End	angered Species Preservation Program 53	Or trinitally raining rionor i	fund
State Childre	n's Trust Fund for the Prevention of Child Abuse 54	Totorano adanty or 2no .	n Services Fund 61 00
CA Breast Ca	ncer Research Fund	Ori Coridai Trolonico Ticini	vention Fund • 62 00
	rs' Memorial Fund		63 00
			loo
64 Add line 5	0 through line 63. These are your total contributions		• 6400
t e			
65 AMOUNT	YOU OWE. Add line 48, line 49, and line 64 (see page 18)). Do not send cash.	
Mail to: F	RANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO	CA 94267-0001	,
0			
66 Interest, I	ate return penalties, and late payment penalties		
智量 67 Underpay	ment of estimated tax. Fill in circle: OFTB 5805 attach	ned OFTB 5805F attached	67
2 68 Total amo	unt due (see page 19). Enclose, but do not staple, any pay	yment	68
=			
	OR NO AMOUNT DUE. Subtract line 49 and line 64 from li	(, , ,	
Mail to: F	RANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO	CA 94240-0002 ■ 69	9
Mail to: F Fill in the info All or portion • Routing nur	mation to have your refund directly deposited to one or tw	wo separate accounts. Do not attach a v	oided check or a deposit slip (see page 19).
<u></u>			
All or portion	of total refund (line 69) you want to direct deposit:		
	☐ Checking └──┴──┴──┴──┴ ☐ Savings		
• Routing nun			■ 70 Direct deposit amount
Remaining po	rtion of total refund (line 69) you want to direct deposit:		
_	☐ Checking		
	□ Savings □ □ □ □ □ □ □		= 74 Divert deposit evenue
Routing nur	• Type • Account number		■ 71 Direct deposit amount
Sign	IMPORTANT: See the instructions to find out if you should attack examined this return, including accompanying schedules and sta		
Here		Spouse's signature (if a joint return, both must sign)	Daytime phone number (optional)
IIGIG	loui signature 3	spouse's signature (ii a joint return, both must sign)	d (optional)
It is unlawful to			()
forge a spouse's	X		Date
signature.	Paid preparer's signature (declaration of preparer is based on all infor	rmation of which preparer has any knowledge)	Paid preparer's SSN/PTIN
Joint return?			•
(see page 24)	Firm's name (or yours if self-employed)	irm's address	FEIN

2006 California Adjustments — Residents

CA (540)

	ortant: Attach this schedule directly behind Form 540, Side 2. (s) as shown on return		Ī	SSN or	· ITI	N		
							_	
	t I Income Adjustment Schedule ion A – Income	Α	Federal Amour (taxable amounts your federal retu	from	В	Subtractions See instructions	C	Additions See instructions
7	Wages, salaries, tips, etc. See instructions before making an entry in column B or C	7					 	
8	Taxable interest income						1	
9	Ordinary dividends. See instructions. (b)	(a)					+	
10	Taxable refunds, credits, offsets of state and local income taxes	. 10						
	Alimony received							
	Business income or (loss)							
	Capital gain or (loss). See instructions							
14	Other gains or (losses)	. 14						
15	Total IRA distributions. See instructions. (a)	(b)					1	
	Total pensions and annuities. See instructions. (a)						<u> </u>	
	Rental real estate, royalties, partnerships, S corporations, trusts, etc						.	
	Farm income or (loss)							
	Unemployment compensation. Enter the same amount in column A and column B							
20 21	Social security benefits (a) Other income.	(D)			_		a	
21	a California lottery winnings e NOL from FTB 3805D, 3805Z,				a h	 -	a _ b	
	b Disaster loss carryover from FTB 3805V 3806, 3807, or 3809	21		J.				
	c Federal NOL (Form 1040, line 21) f Other (describe)			-{:	1 1] d	
	d NOL carryover from FTB 3805V				 e		e	
				(f	
22	Total . Combine line 7 through line 21 in column A. Add line 7 through line 21 in							
	column B and column C. Go to Section B	22 _		_ L				
Cook	ion D. Adjustments to lessons							
	ion B – Adjustments to Income	00						
	Archer MSA deduction	23					1	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials	24					1	
25	Health savings account deduction							
26	Moving expenses						 	
27	One-half of self-employment tax.						+	
28	Self-employed SEP, SIMPLE, and qualified plans						1	
29	Self-employed health insurance deduction						Τ	
	Penalty on early withdrawal of savings						Ī	
	Alimony paid. (b) Recipient's: SSN							
	Last name	31a_						
32	IRA deduction							
33	Student loan interest deduction							
34	Jury duty pay you gave to your employer							
35	Domestic production activities deduction	35		+				
36	Add lines 23 through 31a and 32 through 35 in columns A, B, and C.							
55	See instructions	36						
37	Total. Subtract line 36 from line 22 in columns A, B, and C. See instructions	. 37						

Part II Adjustments to Federal Itemized Deductions

38	Federal itemized deductions. Add the amounts on federal Schedule A (Form 1040), lines 4, 9, 14, 18, 19, 26, and 27	38	
39	Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance and state and local income tax, or General Sales Tax) and line 8 (foreign taxes only). See instructions	39	
40	Subtract line 39 from line 38	40	
41	Other adjustments including California lottery losses. See instructions. Specify	41	
42	Combine line 40 and line 41	42	
43	Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status? Single or married filing separately		
	No. Transfer the amount on line 42 to line 43 Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 43	43	
44	Enter the larger of the amount on line 43 or your standard deduction listed below Single or married filing separately		
	Married filing jointly, head of household, or qualifying widow(er)\$6,820 Transfer the amount on line 44 to Form 540, line 18	44	



VOLUNTEER INFORMATION

1. Including this year, how ma	any years have you been	a VITA/TCE volunt	eer?	
a. \square First year	b. \square 2-5 years			
c. 🗌 6-10 years	d. 🛘 11-15 years			
e. 🗌 16-20 years	f. \square over 20 years			
Please check one of the follow	<i>i</i> ing: I am a. □ '	VITA Volunteer		
	b. 🗆 [.]	TCE Volunteer		
	с. 🗆	Military Volunteer		
		•		
FIRST NAME			INITIAL	
LAST NAME				
C/O IF APPLICABLE				
MAILING ADDDECC				Ant # Cnass Fts
MAILING ADDRESS				Apt #, Space, Etc.
CITY			ZIP CODE	
			<u> </u>	
AREA CODE DAYTIME TELEI	PHONE NUMBER		DATE	
	TIONE NOMBER		BATE	
SITE#	COUNTY CODE		FTB DISTRICT CODE	
SITE NAME				

The following forms contain confidential and/or proprietary information and have been redacted.

VOLUNTEER INFORMATION TRAINING EVALUATION

2006 California Volunteer Manual

CALIFORNIA VOLUNTEERS MAKE THE DIFFERENCE

IN	NTR	20	D	u	C	П	0	N	SF	CI	16	J
				•			•			. •	 ,	7

GENERAL INFORMATION SECTION

540 2EZ SECTION

540A SECTION

540 SECTION

VOLUNTEER CONTRIBUTION FUNDS SECTION

VOLUNTEER PROCEDURES SECTION

TAX TABLES

BLANK FORMS